

Application

Commercial Development and Establishments

For the purpose of a soil and site evaluation for written recommendation of a "new" Individual On-site Wastewater Disposal System(s)

Development/Establishment Name: _____ County: _____

Site Address: _____ City: _____ Zip Code: _____

Contact Name: _____ Telephone: _____ E-mail: _____

Contact Address: _____ City: _____ State: _____ Zip Code: _____

This worksheet must be completed BEFORE it is assigned to be evaluated.

DIRECTIONS:

- ☐ Provide written directions and/or a vicinity map to your location

TYPE: Commercial Development

- | | | |
|--|------------------------|---------------------------------|
| <input type="checkbox"/> Subdivision | Number of lots: _____ | Phase(s), if applicable: _____ |
| <input type="checkbox"/> Manufactured Home | Number of sites: _____ | Total number of bedrooms: _____ |
| <input type="checkbox"/> Multi-Family | Number of units: _____ | Total number of bedrooms: _____ |
| <input type="checkbox"/> RV Campground | Number of sites: _____ | Number of bath houses: _____ |
| <input type="checkbox"/> RV Lodging Park | Number of sites: _____ | |

Commercial Establishment

- | | | |
|--|--|--------------------------------------|
| <input type="checkbox"/> Restaurant* | Number of seats: _____ | Number of meals/car spaces: _____ |
| <input type="checkbox"/> Child Care Facility/School* | Number of students: _____ | Number of employees: _____ |
| <input type="checkbox"/> Church* | Number of seats w/kitchen: _____ | Number of seats w/out kitchen: _____ |
| <input type="checkbox"/> Shopping Center* | Number of employees: _____ | Number of parking spaces: _____ |
| <input type="checkbox"/> Office | Number of employees/shifts: _____ | Number of plumbing fixtures: _____ |
| <input type="checkbox"/> Other | Type of process generating wastewater: _____ | |

*NOTE: If applicable, you must complete the *Food & Drug Administration (FDA)* - Food Establishment Plan Review Guide as required per MSDH Food Protection or Licensure official. If "Other" box is checked above, provide similar water usage (water bill readings) from a comparable facility.

CENTRALIZED WASTEWATER TREATMENT SYSTEM: What is the name and distance of the closest infrastructure to your location?

Name: _____ Approximate Distance: _____ miles

WATER SUPPLY:

- ☐ Public: Utility Name: _____
NOTE: If "public" is checked, provide a written letter from the local water association confirming (public) water supply can be provided.
- ☐ Private: Number of wells: _____ Number of people to be served: _____ Number of connections per well: _____

PLOT PLAN (PLAT): Electronic copy (may be PDF, DWG or DXF format no larger than 2 MB), which must include:

NOTE: If electronic copy not achievable, you must clearly indicate by drawing all requirements below.

- ☐ Legal description;
- ☐ Total area (acreage or square feet);
 - ☐ Topography with existing ground contours on two (2) foot intervals;
SOURCES: MSU county extension offices or go online to the MS Geospatial Clearinghouse, MARIS, or U.S. Geological Survey website.
 - ☐ Name of property owner(s) adjacent to the proposed development;
If you own adjacent property to the proposed development, you must submit a letter stating intentions of use for said property.
 - ☐ Name of streets, roads, highways;
 - ☐ Location of existing and/or proposed water well(s), including all connections;
 - ☐ Location of all utilities AND associated easements or right-of-ways (i.e. electrical, water, gas, cable, etc.)
 - ☐ Location of one (1) corner identified by latitude and longitude (or attach survey);
 - ☐ Location of all water bodies, wetlands, frequently flooded areas, existing and proposed drainage, and easements for surface and subsurface drainage;
 - ☐ Location of normal and/or flood elevations of water body; and
- ☐ Fee (see table below), made payable to the: MSDH – Division of On-site Wastewater
805 South Wheatley Street – Suite 340
Ridgeland, MS 39157 Office: (601) 991-6030 Fax: (601) 956-4019

<input type="checkbox"/> Commercial Development = \$50.00 + \$2.00/site	<input type="checkbox"/> Commercial Establishment = \$50.00	<input type="checkbox"/> Subdivision = \$250.00 + \$5.00/lot
<input type="checkbox"/> Engineered/CPE Submittals = \$100.00 (Designed-based)	<input type="checkbox"/> Performance-based = \$250.00	<input type="checkbox"/> Flow greater than 1500 gpd = \$250.00
Final Approval = \$75.00 (Required for all Developments/Establishments receiving Recommendations)		

By signing this form or typing my name below, I acknowledge that I understand that any falsification of documentation submitted for review or violation of regulations is punishable by **Mississippi Code of 1972, Annotated Sections, 41-3-59, 41-67-28, 97-7-10, 97-9-59 and 97-6-61.**

Signature: _____ Date: _____

Commercial Development and Establishments IF AN EXISTING SYSTEM IS PRESENT

What type of system(s) is located on this property?	<input type="checkbox"/> Conventional (septic tank and underground disposal) <input type="checkbox"/> Advanced Treatment System with <input type="checkbox"/> Spray Irrigation <input type="checkbox"/> Drip Irrigation <input type="checkbox"/> Overland Discharge <input type="checkbox"/> Other: <input type="checkbox"/> Elevated Sand Mound <input type="checkbox"/> Sand Filter <input type="checkbox"/> Plant Rock Filter <input type="checkbox"/> Don't know
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<input type="checkbox"/> Operational:	The system is in use (or the building is occupied)		
<input type="checkbox"/> Non-Operational:	The system is NOT in use (or the building is un-occupied)		
Date of installation:		Date of repair, if applicable:	
If repaired, explain or provide documentation:			

[illegible]